SHAKOPEE SANDVENTURE AQUATIC PARK MEMBERSHIP APPLICATION

1255 Fuller Street, Shakopee, MN 55379 (952) 233-9500 Fax (952)-233-3831 www.ShakopeeMN.gov Aquatic Park Address – 1101 Adams Street, Shakopee, MN 55379 Weather Hotline # 952-233-9502

An Aquatic Park Operated by the City of Shakopee, Minnesota (the "City")

Main Contact:_			E	-mail:		
Address:			(C:t)		(Zip Code)	
T	(Street Address)		(City)		(Zip Code)	
Township (if appl	licable):	☐ Louisvi	lie			
Phone: HomeCell		Cell	Work			
Membership Ty						
	tact, spouse/significant other (s.c				Office Use Only	
MEMBER	NAM	ИE	SEX	DATE OF BIRTH	ADDRESS VERIFICATION	BARCODE
	First	Last	(circle)	DIKIII	VERH TEATTION	
Main Contact			M/F			
Spouse/S.O.			M/F			
Dependent			M/F			
Dependent			M/F			
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Dependent			M/F			
Dependent			M/F			
Emergency Conta	act:		J	Relationship:		
Phone: HomeWor						
School District #720 program listed above elected officials, or withat I or the particip Athletic Associations	tion for being permitted to particip O, and/or City Affiliated Athletic A ee might incur as the result of part volunteers. This release of liabilit pant of the program incur as the s, its agents, employees, elected participant of the program. With m	associations shall be held harm icipation in the program, due to y of the City of Shakopee, Sch result of willful, wanton or inte officials or volunteers. This ag	nless and exentle the passive of the	npt from liability for a ctive negligence of 20, and/or City Affilianduct by the City of ecifically binding upon	any injury or disability which I of the City, School, Association, in ated Athletic Associations does in Shakopee, School District #720	r the participant of the ts agents, employees, not include any injuries D, and/or City Affiliated
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				8 yrs. must have a pare		
Signature:						
			Members under 1	8 yrs. must have a par		
Signature:	□ Non-Resident	(N	Members under 1	8 yrs. must have a par	on Date:	
Signature: Office Use Only) Resident		(N	Members under 1	8 yrs. must have a par	on Date:	
Signature: Office Use Only) Resident Community	□ Non-Resident / Center Membership	Staff Initials:	Members under 1	8 yrs. must have a par	on Date:	Year)
Signature: Office Use Only) Resident Community Membership	□ Non-Resident / Center Membership	Staff Initials: r more) □ Individua	Members under 1	8 yrs. must have a par Expiration	on Date:(Month/Day/	_{Year)} dividual Age 60-
Signature: Office Use Only) Resident Community Membership	☐ Non-Resident / Center Membership Type: ☐ Family (4 o	Staff Initials: r more) □ Individua	Members under 1	8 yrs. must have a par Expiration	on Date:(Month/Day/ dual Over 48"	Year) dividual Age 60-
Signature: Office Use Only) Resident Community Membership T	☐ Non-Resident / Center Membership Type: ☐ Family (4 o	Staff Initials: r more) □ Individua	al Under 4	8 yrs. must have a par Expiration	on Date:(Month/Day/	Year) dividual Age 60-